



6-04-04

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

STOUT, ROBERT L.

Serial No. : 10/051,253

Filed: January 18, 2002

METHODS OF DETERMINING CHRONIC
HEPATITIS C INFECTION

Docket No. 32265

JUN 8 2004

Group Art Unit No. 1648

TECH CENTER 1600/2900

Examiner: WORTMAN, Donna C.

Mail Stop AMENDMENT FEE

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

TRANSMITTAL

Transmitted herewith are: Express Mail Transmittal (1 pg); Amendment Transmittal Letter (1 pg); Petition for Extension of Time (1 pg); Amendment (12 pgs); \$475.00 extension fee; and return postcard.

EV 342622582 US

Respectfully submitted,

Date: 6/3/04

By

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ATTORNEYS FOR APPLICANT(S)

AMENDMENT TRANSMITTAL LETTER (Small Entity)Applicant(s): **STOUT, Robert L.**

Docket No.

32265

Serial No.

10/051,253

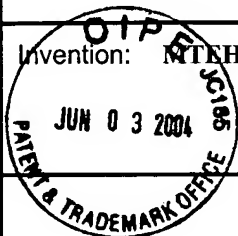
Filing Date

January 18, 2002

Examiner

WORTMAN, Donna C.

Group Art Unit

1648Invention: **METHODS OF DETERMINING CHRONIC HEPATITIS C INFECTION****JUN 8 2004**TO THE COMMISSIONER FOR PATENTS:**TECH CENTER 1600/2900**

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30 -	30 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **19-0522**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.


SignatureDated: **June 3, 2004**

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I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Signature of Person Mailing Correspondence**Typed or Printed Name of Person Mailing Correspondence*

CC: